

19th Annual
International Lung Cancer
CONGRESS® **UPDATE**

A Message From a Co-Chair

Roy S. Herbst, MD, PhD

When we last gathered for the **International Lung Cancer Congress®** in late July 2017, I couldn't help being inspired by the dedication to patient care I observed. In a field as fast paced and complicated as lung cancer, staying current on the latest breakthroughs and standards can extend and even save patients' lives.

The year 2017 was markedly busy when it came to practice-changing research. We saw the approval of osimertinib for *EGFR*-mutated lung cancer, ceritinib and alectinib approved for *ALK*-rearranged disease, the novel combination of dabrafenib and trametinib greenlit in *BRAF*-mutated lung cancer, and the emergence of checkpoint inhibitor/chemotherapy combination therapies—to highlight just a few.

With each new approval and every new agent come a multitude of data to decipher, recommendations to incorporate, patients to consider, and practice changes to make. Now, at this year's **International Lung Cancer Congress®**, it's time for us to gather once again and take the next step toward improving lung cancer care.

At this year's Congress, our 19th, experts and clinicians from around the world will provide perspectives on the latest data in targeted therapy, immunotherapy, surgical and radiation oncology. Just as no two lung cancers patients are the same, this Congress recognizes that no two learners are the same. With you in mind, we focus on providing multiple engaging formats, from lectures to tumor boards, to roundtable discussions, and audience led debates. No matter your practice, you'll walk away from this Congress prepared to implement the latest in lung cancer care. Join us during the last weekend in July, and use what you've learned the next week in clinic.

I hope to see you in California! Until then, let's continue to provide the best cancer care for our patients.

Sincerely,

Roy S. Herbst, MD, PhD
Chief of Medical Oncology
Yale Cancer Center
New Haven, Connecticut



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July 26-28, 2018

Hyatt Regency Huntington Beach
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YEAR IN REVIEW | Immunotherapy

The year 2017 was one of prolific research and advancements. Repeatedly throughout the year, key results were announced from multiple trials investigating groundbreaking strategies emerged with practice-changing implications. The advent of checkpoint inhibitors continues to revolutionize the way we can treat our patients, and exploring their utility in multiple lines of therapy continued this past year.

In September, Borghaei and colleagues presented data at the ESMO 2017 Congress, confirming and expanding on previously published results of the KEYNOTE-021 trial investigating pembrolizumab (a PD-1 inhibitor) in combination with pemetrexed and carboplatin as a first-line therapy for patients with advanced nonsquamous NSCLC. Again, results demonstrated improved progression-free survival (PFS) and objective response rate (ORR) for patients receiving the checkpoint inhibitor in combination with chemotherapy, compared to chemotherapy alone. Most recent results showed PFS was more than doubled for patients on the combination, with a reduced risk of progression of 46%. Then, it was then announced in January of this year that KEYNOTE-189, the phase III trial investigating this

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YEAR IN REVIEW

Immunotherapy, continued from page 1

combination in metastatic NSCLC had reached its dual primary endpoints, demonstrating significantly improved overall survival (OS) and PFS for pembrolizumab plus chemotherapy. Full results of this trial are expected later this year.

Back in October 2017, results from the CheckMate-032 trial investigating the immunotherapy combination of nivolumab and ipilimumab for patients with small cell lung cancer with various levels of tumor mutation burden (TMB) were presented at 18th World Conference on Lung Cancer. Investigators showed patients with high TMB responded to the combination 46% of the time, but only 16% or 22% of patients with low and medium TMB responded, respectively. Investigators followed these results in February of this year, showing in the CheckMate-227 study that the dual immunotherapy combination achieved superior PFS in the first-line treatment of patients with NSCLC.

In November of last year, we saw Antonia and colleagues publish results from the phase III PACIFIC trial in the *New England Journal of Medicine*, showing that the PD-L1 inhibitor durvalumab had a superior PFS and ORR to placebo for patients with stage III NSCLC who had previously received chemoradiotherapy. Investigators showed administration of durvalumab reduced the risk of progression or death by 48% in these patients.

Then, in December, at the ESMO Immuno Oncology Congress 2017, Reck and colleagues demonstrated the efficacy of another checkpoint inhibitor combination strategy in NSCLC, this time atezolizumab (a PD-L1 inhibitor) in combination with chemotherapy and bevacizumab for stage IV disease. The phase III Impower150 trial demonstrated improved PFS for this combination, with OS data yet to be reported.

YEAR IN REVIEW

Targeted Therapy

Progress in the management of common and rare mutations among patients with advanced NSCLC continued in 2017. Targeting oncogenic driver mutations is a core aspect of our treatment armamentarium, including such targets as *ALK*, *EGFR*, *BRAF*, and *MEK*. While these mutations are widely known, our ability to target them, and overcome potential resistances to therapy continues to evolve.

Back in January 2017, Sorio and colleagues published the first results from the phase III ASCEND-4 trial investigating the use of ceritinib in previously untreated *ALK*-rearranged late stage NSCLC. Patients randomized to receive the *ALK* inhibitor had a median PFS of 16.6 months, while patients randomized to chemotherapy had a PFS of 8.1 months, demonstrating superior efficacy.

Then in February, Mok and colleagues demonstrated that osimertinib, a third-generation epidermal growth factor receptor (EGFR) tyrosine kinase inhibitor (TKI) able to irreversibly bind to EGFR and the notorious T790M resistance mutation, had superior efficacy and safety to a platinum-pemetrexed doublet chemotherapy. Results from the phase III AURA3 trial published in the *New England Journal of Medicine* showed that the third-generation TKI induced a response in 71% of patients with T790M-positive advanced NSCLC, extending PFS to 10.1 months (compared with

4.4 months for patients receiving chemotherapy) while demonstrated a lower adverse event profile.

Early this year, Soria and colleagues then detailed results from the phase III FLAURA trial comparing osimertinib with standard EGFR-TKIs (gefitinib or erlotinib) for patients with previously untreated EGFR-positive NSCLC. Results in the *Lancet* demonstrated osimertinib had superior efficacy as a first-line treatment, extending PFS to 18.9 months (compared with 10.2 months for standard TKIs).

In August 2017, Peters and investigators published results on another *ALK*-inhibitor, alectinib. Results from the phase III ALEX trial comparing alectinib with crizotinib for first-line *ALK*-positive NSCLC showed treatment with alectinib reduced the risk of disease progression or death by 53% compared with crizotinib. Further the 12-month PFS rate was 68% for patients receiving alectinib compared with 49% for patients receiving crizotinib.

Then in September, OS results of the phase III PROFILE 1014 trial were presented at the ESMO 2017 Congress. Crizotinib previously demonstrated improved PFS compared with chemotherapy for *ALK*-positive NSCLC. Here, Mok and colleagues showed that when adjusting for patients who ultimately crossed treatment arms, this benefit also extended to OS.

YEAR IN REVIEW

Approvals

Progress in the management of common and rare mutations among patients with advanced NSCLC continued in 2017. Starting in March and following the results of the AURA3 trial described above, the FDA approved the use of osimertinib for patients with metastatic EGFR T790M mutation-positive NSCLC who had progressed on or after another EGFR-TKI.

Then in April following the results of the ALTA trial, brigatinib was granted accelerated approval for the

treatment of patients with *ALK*-positive NSCLC who have progressed or are otherwise intolerant to crizotinib. This was quickly followed by the approval of pembrolizumab in combination with pemetrexed and carboplatin for patients with previously untreated metastatic NSCLC in May, based on the results of KEYNOTE-021 described above.

Continuing the trend of major research leading to major approvals, ceritinib was granted regular approval for

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Approvals, continued from page 2

ALK-positive metastatic NSCLC based on results of the ASCEND-4 trial.

In June, a new target entered the fray, as dabrafenib and trametinib—BRAK and MEK inhibitors, respectively—were approved for patients with *BRAF* V600E mutation-positive metastatic NSCLC.

Then in mid-September, the first ever biosimilar approved in the U.S. for the treatment of cancer was approved. Bevacizumab-awwb, was granted approval for the same indications as reference bevacizumab, including the treatment of patients with NSCLC, metastatic CRC, metastatic RCC, and others.

Rounding out the year, alectinib was granted approval for ALK-positive metastatic NSCLC in November, based on results from the ALEX trial described herein.

REGISTRATION

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Last Name _____ Degree(s) _____

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- ☐ Academic medical center/university
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☐ Government agency
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☐ Pharmaceutical/biotechnology company
☐ In training (fellow, resident, student)
☐ Other

What is your principal activity?

- ☐ Patient care ☐ Clinical research
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Preferred educational formats:

- ☐ Live ☐ Online ☐ Print

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- ☐ Phone ☐ Mail ☐ E-mail

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☐ Yes ☐ No

How many cancer patients do you treat each month? _____

Years practicing medicine _____

Would you like to enroll in the PER Point System?

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2 Clarke Drive, Suite 110
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Meet the Co-Chairs!



David R. Gandara, MD
Professor of Medicine
Division of Hematology/Oncology
Director, Thoracic Oncology Program
Senior Advisor to the Director
UC Davis Comprehensive
Cancer Center
Sacramento, CA



Roy S. Herbst, MD, PhD
Ensign Professor of Medicine
(Medical Oncology)
Professor of Pharmacology
Chief of Medical Oncology
Associate Director for Translational
Research
Yale Cancer Center
Yale School of Medicine
New Haven, CT

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